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Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance: strengthening of the coordination of emergency humanitarian assistance of the United Nations

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Strengthening of the coordination of emergency humanitarian assistance of the United Nations

Report of the Secretary-General

Summary

The present report has been prepared pursuant to General Assembly resolution 46/182, in which the Assembly requested the Secretary-General to report annually to the Assembly and the Economic and Social Council on the coordination of emergency humanitarian assistance. The report is also submitted in response to Assembly resolution 69/135 and Economic and Social Council resolution 2014/13. The period covered by the report is January to December 2014.

The report describes major humanitarian trends and challenges and analyses a number of thematic issues, including meeting capacity and resource challenges through humanitarian effectiveness, risk management approaches, changes to humanitarian financing, adherence to international humanitarian law and principles, and addressing access and protection concerns. The report provides an overview of current efforts to improve humanitarian coordination and response.

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I. Introduction

1. Humanitarian responses to level 3 emergencies in the Central African Republic, Iraq, the Philippines,[1] South Sudan and the Syrian Arab Republic, and the continuation of other crises that caused tremendous suffering dominated 2014. More than 76 million people were targeted to receive humanitarian assistance in 31 countries and nearly $11 billion in funding was received for inter-agency appeals.[2] The continuing high level of demand for relief, the collective inability of the international community to resolve protracted conflicts and the convergence of various global trends have led to more frequent and intense humanitarian crises and have severely hindered the operational and financial capacity of Governments and humanitarian organizations to respond adequately.

2. By the end of 2014, the number of people internally displaced by armed conflict and generalized violence stood at 38 million, as reported by the Internal Displacement Monitoring Centre. According to the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East, by mid-2014 the global refugee population was 18.1 million.[3]

3. The Centre for Research on the Epidemiology of Disasters recorded 271 natural disasters, which claimed an estimated 6,400 lives, affected 102 million people and caused damage worth over $85 billion. Asia continued to be the most affected region, with almost half the recorded natural disasters occurring in the region, accounting for 80 per cent of all deaths.

4. In 2014, Member States, Observers and public entities contributed more than $479 million to the Central Emergency Response Fund — the highest-ever annual total. The Emergency Relief Coordinator allocated $461 million for life-saving humanitarian activities in 45 countries and territories. More than 90 per cent went to complex emergencies and 10 per cent was allocated in response to natural disasters. Country-based pooled funds received more than $500 million from 22 Member States and allocated $453 million to humanitarian actors in complex emergencies and natural disasters in 17 countries.[4]

5. In 2014, the continued lack of compliance with international humanitarian law and human rights law and accountability for violations was of particular concern. Nearly 80 per cent of humanitarian work takes place in countries and regions affected by conflict. On a daily basis, non-State actors and Governments directly attack civilians and deny assistance to those in need, in violation of international humanitarian law, and with impunity. It has become increasing difficult for humanitarians to gain access to those in need and to meet the protection needs of people.

6. In addition to continued and strengthened adherence to international humanitarian law and human rights law, while addressing the political and underlying conditions that cause and prolong humanitarian needs, more can be done by all actors to address humanitarian challenges. Improved humanitarian

[1] The level 3 designation ended in mid-February 2014 for the Philippines.

[2] Data as at 2 April 2014 from the financial tracking service, available from http://fts.unocha.org.

[3] Year-end data for 2014 was not available at the time of submission of the present report.

[4] As reported to the Financial Tracking Service as at 1 April 2015.

effectiveness, risk management and better leveraging of humanitarian financing could help meet increasing needs. However, without a substantially stronger political commitment to addressing the underlying causes of humanitarian crises, it will not be possible to cover constantly increasing needs.

7. The World Humanitarian Summit, the post-2015 development framework and the disaster risk reduction framework, a new climate agreement and a new urban agenda are all unique opportunities to better address the global challenges common to development and humanitarian action.

II. Overview of humanitarian emergencies in 2014

A. Complex emergencies

8. In South Sudan, the humanitarian crisis deteriorated significantly, owing to continued violence, human rights violations and internal displacement. Nearly 2 million people fled their homes, with about 1.5 million persons being internally displaced and some 500,000 refugees fleeing to neighbouring countries, which were already struggling with emergencies of their own, such as the floods in the refugee camps in Ethiopia. Coordinated humanitarian action contributed to averting famine, but about 3.2 million people faced acute food insecurity before the harvest season. Chronic needs compounded the situation with continuing high rates of malnutrition, vulnerability to outbreaks of disease, violations of international humanitarian law and human rights abuses, including widespread gender-based violence.

9. In the Sudan, 450,000 people were newly displaced by the conflict in Darfur, as the Government scaled up operations against armed groups. Large-scale clashes between tribal groups also continued in certain areas. That pushed the estimated total number of internally displaced persons in Darfur above 2.5 million. Operations by Government forces in areas of South Kordofan and Blue Nile controlled by the Sudan People's Liberation Movement-North (SPLM-N) also intensified, compounding the suffering of hundreds of thousands of people remained cut off from cross-line access. At least 120,000 South Sudanese refugees arrived in the Sudan during 2014. Despite increased needs, the operating environment for humanitarian actors remained extremely challenging, owing to restrictions on access and worsening security.

10. In Somalia, for the first time since the 2011 famine, the number of people affected by food insecurity and emergency increased, from 860,000 to 1.1 million, owing to drought, continued conflict, the restricted flow of commercial goods as a result of military operations and surging food prices. There are currently some 3 million people in need of humanitarian assistance, 1.1 million internally displaced persons and nearly 1 million refugees in neighbouring countries.

11. More than half the population of the Central African Republic, 2.5 million people, needed urgent humanitarian assistance in 2014. The situation faced by ethnic and religious minorities remained highly precarious. Over 891,000 people are internally displaced or refugees in neighbouring countries.

12. In Nigeria and neighbouring countries, the impact of Boko Haram's brutal tactics led to a dramatic worsening of the humanitarian situation, resulting in a refugee and returnee influx and the overall internal displacement of at least

1.2 million people, as at 6 March 2015. The limited or complete lack of access to affected populations in north-eastern Nigeria has restricted the scope of the humanitarian response. Over 200,000 people fled to the Niger, Cameroon and Chad, according to UNHCR. The deterioration in the security situation in the Lake Chad area linked to the cross-border nature of Boko Haram activities also triggered internal displacements in the three neighbouring countries, including between 100,000-150,000 internally displaced persons in Cameroon.[5]

13. In the Democratic Republic of the Congo, there were 2.7 million internally displaced persons by the end of 2014. In Katanga Province alone, 180,000 people were displaced as a result of continued fighting and insecurity. Gender-based violence remains rampant. The countrywide chronic malnutrition rate hovers around 43 per cent, while there is an 11 per cent acute malnutrition rate.

14. In the Sahel region, some 20 million people remained at risk of food insecurity and that number reached 24 million during the lean season. More than 5 million children were affected by acute malnutrition, including 1.5 million suffering from severe malnutrition. In Mali, approximately 2 million people were affected by food insecurity. Some 82,000 internally displaced persons and over 143,000 refugees remained in Mauritania, the Niger and Burkina Faso. Gains that had been made in restoring State authority and public infrastructure in Gao, Mopti and Timbuktu eroded owing to military confrontations between armed groups, resulting in the abuse and pillaging of the local population and creating new humanitarian needs and displacements.

15. During the reporting period, the number of people in need of humanitarian assistance in the Syrian Arab Republic increased from 10.8 million to 12.2 million and the number of internally displaced persons increased from 6.4 million to 7.6 million. By the end of the year, over 3.7 million Syrians were refugees in neighbouring countries. Violence worsened and essential services were interrupted for millions. Access to 4.8 million people in hard-to-reach locations remained challenging.

16. In the occupied Palestinian territory, around 1,500 civilian Palestinians, including more than 550 children, were killed and 100,000 were left without a home during the Gaza conflict. In Israel, five civilians, including a child, as well as a security guard, were killed. In the West Bank, including East Jerusalem, a record number of some 1,200 Palestinians were displaced owing to home demolitions by the Israeli authorities, while settlement and settler activity continued. The rise of casualties during law enforcement operations raised concerns over the use of excessive force and collective punishment. Movement and access restrictions continued to undermine livelihood and access to services.

17. The situation in Yemen remains volatile and extremely fragile, leading to ever-increasing humanitarian challenges. In 2014, conflicts caused more displacement: almost 100,000 people were displaced, while more than 300,000 people remained in protracted internal displacement. Political turmoil and financial challenges led to a further deterioration in already weak basic services, leaving millions of people without access to health care, safe water or proper sanitation. There are some 257,650 registered refugees in Yemen. Some 91,600 people reached Yemen by sea and approximately 250 lives were lost at sea.

[5] As at 6 March 2015.

18. In Iraq, 5.2 million people were in need of emergency assistance, including 2.2 million people located in hard-to-reach areas and 2.1 million internally displaced persons. Iraq hosted 235,000 Syrian refugees. Human rights violations were rampant. Protracted political stalemates, a collapse of the Iraqi security forces and widespread corruption have crippled the Iraqi economy and the delivery of services.

19. In Libya, the humanitarian situation has deteriorated since fighting erupted in mid-2014. In particular, the widespread use of explosive weapons in populated areas has taken a heavy toll on civilians, causing death, injury, trauma, destruction of essential infrastructure and displacement. There are approximately 400,000 internally displaced persons, many of whom have been displaced more than once owing to the widening conflict.

20. In Myanmar regular and sustained access to people affected by conflict and communal tensions remained challenging. Two and a half years after communal violence in Rakhine State, close to 140,000 people remained displaced. In Kachin, humanitarian access to areas beyond government control continued to be difficult, with fighting between the Myanmar Army and the Kachin Independence Army escalating at the end of the year.

21. In the Philippines, clan feuds and fighting between the armed forces of the Philippines and armed groups continued in Mindanao, where more than 120,000 were newly displaced. In Zamboanga City, nearly 20,000 people remained in evacuation centres and transition sites while at least 11,000 people were with host communities. Inadequate shelter and water, sanitation and hygiene facilities in evacuation centres have contributed to poor health and nutrition conditions, especially among children.

22. In Ukraine, the conflict between government forces and separatists in the east of the country triggered a humanitarian crisis, with more than 4,771 deaths and the displacement of over 1.2 million people, of whom some 593,600 have entered neighbouring countries since the beginning of the conflict. Both government forces and separatists have fired explosive weapons into populated areas, killing or injuring large numbers of civilians, causing the destruction of homes and public buildings and triggering extensive displacement. Those remaining in conflict-affected areas, particularly in densely populated urban areas, have suffered extreme hardship and difficulty in accessing basic life-saving services and education services.

23. In Afghanistan, 164,000 people were displaced by the ongoing conflict, bringing the total number to 805,000. In Pakistan, approximately 1.6 million people remain displaced, of whom some 700,000 were displaced in 2014 alone, owing to the conflict in the Federally Administered Tribal Areas. An additional 39,000 families were displaced to Afghanistan from Pakistan.

24. In Haiti, a 53 per cent reduction in the number of cholera cases was observed, compared with 2013. However, a surge of 17,000 cases in the last quarter of 2014 led to almost 200 deaths. Since the start of the epidemic in October 2010, 725,600 cases and 8,813 deaths have been reported. The number of internally displaced persons has dropped 95 per cent since July 2010 to about 80,000. However, in the 105 registered camps for internally displaced person, living conditions remain harsh in terms of access to water and sanitation.

B. Disasters associated with natural hazards

25. During the first six months of 2014, the Asia and Pacific regions experienced the highest number of storms in the past five years. The number of storms increased by 70 per cent, with severe impacts in several countries, including Afghanistan, Bangladesh, Cambodia, China, India, Myanmar, Pakistan, the Philippines, Sri Lanka, Viet Nam and the Pacific region. In Sri Lanka, for example, 22 out of the 25 districts were affected by severe floods, which had an impact on an estimated 1.1 million people.

26. However, the human toll and economic losses were much lower in 2014 than in 2013, owing to improvements in preparedness measures and early warning systems. For instance, prior to cyclone Hudhud striking the east cost of India, the pre-emptive evacuation of some 500,000 people minimized the number of fatalities. Typhoon Hagupit made landfall in the Philippines on 6 December and affected more than 4.1 million people. Fortunately, drawing on lessons learned from typhoon Haiyan the previous year, the early action and pre-emptive evacuations undertaken by the national authorities were applauded for saving many lives and effectively responding to urgent humanitarian needs.

27. In the Greater Horn of Africa, over 12.8 million people suffered from acute food insecurity, resulting from two consecutive poor rainy seasons, ongoing conflicts in Somalia, South Sudan and the Sudan and soaring food prices.

28. In Southern Africa, nine tropical cyclones were recorded between October 2013 and May 2014, of which three made landfall affecting 383,300 people and killing 117. In Comoros, on 2 April, the Government declared a regional emergency as the storms followed a 4.8 magnitude earthquake, displacing more than 7,000 people and damaging or destroying more than 900 homes. In all, 453,300 people were affected by floods and storms across the region.

29. Natural disasters also affected 4.6 million people in Chad, including 772,000 people by drought and 206,000 people by floods. Drought and floods affected rural communities, primarily farmers and herders, thereby affecting livelihoods and food security countrywide.

30. On 13 March 2015, tropical cyclone Pam, a highly destructive category 5 cyclone, struck Vanuatu. There were 11 confirmed fatalities and 166,600 people were affected, 75,000 of whom were in need of shelter and 110,000 left without access to safe drinking water. Initial assessment reports confirmed destruction ranging from 20 to 90 per cent of houses, schools, clinics, churches and crops on all 22 affected islands. With a heavy reliance on subsistence farming, the destruction of food gardens and loss of livestock has left households with no alternative food source. The destruction of banana plantations will have a significant social and economic impact and on long-term food security.

C. Ebola emergency response

31. In 2014, the outbreak of the Ebola virus affected Guinea, Liberia and Sierra Leone. Health structures that were already weak suffered the greatest impact and nearly collapsed: for months vaccinations were halted, death tolls from other health conditions rose and routine maternal health care was impeded. The closure of

schools left more than 5 million children without education for months. By the end of 2014, the outbreak had left thousands of children orphaned, killed breadwinners and caregivers and threatened livelihoods. Survivors were left traumatized psychologically and with continuing health needs, with many unable to return home owing to stigma. Malnutrition and food insecurity — already prevalent in those countries before the outbreak — are expected to increase. Concerns over protection include the displacement of entire villages, induced by fear of the disease, and security measures at border posts and around quarantined areas.

32. A wide variety of actors took part in the response, with different response systems, networks and providers, national Governments and the international community coming together to respond jointly. National and international non-governmental organizations, particularly Médecins sans frontières and the International Federation of Red Cross and Red Crescent Societies, mobilized early on. National private sectors also deployed their know-how, understanding of the local context and capabilities. The United Nations Mission for Ebola Emergency Response (UNMEER) was established on 19 September 2014 as a temporary measure to lead the international response. Hours after the United Nations decided to establish UNMEER, a joint United Nations disaster assessment and coordination team was sent to Liberia to assess the response to the outbreak. Over 175 organizations were involved in response programmes in the three high-transmission countries to stop the outbreak, treat the infected, ensure the provision of essential services, preserve stability and prevent the outbreak from spreading to unaffected countries.

III. Effectiveness, financing and risk management

33. Almost 25 years after the adoption of General Assembly resolution 46/182 and the establishment of the Inter-Agency Standing Committee, a record 33 emergencies and crises, covered by appeals, are stretching the capacity of the humanitarian system to its limit. While the more than $11 billion provided for 2014 through inter-agency appeals was an all-time high, so too was the $7.4 billion shortfall, highlighting the need to make the best use of available resources. Megatrends, such as climate change and environmental degradation, food security, water scarcity, population growth and urbanization, are leading to ever more vulnerability and exposure to hazards. Furthermore, crises are becoming more protracted, with 78 per cent of humanitarian spending by the members of the Development Assistance Committee of the Organization for Economic Cooperation and Development going to protracted emergencies. Humanitarian appeals last for an average of seven years, and six countries (Chad, Central African Republic, Democratic Republic of the Congo, occupied Palestinian territory, Somalia and Sudan) have had appeals for 10 consecutive years. The Central African Republic, Iraq, South Sudan and the Syrian Arab Republic account for 70 per cent of funding requests for 2015 — all crises that are likely to have a humanitarian impact over the coming years in the absence of a definitive political solution.

34. Meanwhile, with the global economy tripling since 1992, many Governments have improved their capacity to handle crises and are therefore requesting assistance less frequently, preferring the international humanitarian system to work in a more tailored manner to fill specific gaps, provide specific services, or further develop national expertise. There are many more actors, including national and local civil

society actors and private sector companies which are confident about what they are doing and equipped to put their capacities to good use. The number and diversity of those actors pose a challenge to coherence, but can also be an opportunity to increase effectiveness if all actors work together towards a shared goal.

A. Humanitarian effectiveness

35. Meeting the needs of the affected population should be the focus of any humanitarian response. The capacities of the various responders, whether Governments, local or national civil society actors, or partners in the Inter-Agency Standing Committee, should be leveraged towards that goal. To make the necessary cooperation work, the particular context, including the needs, drivers of need and available capacities to respond, should be taken into account. The size and shape a response takes should be customized for the specific context, with multilateral actors engaging in relation to an accurate understanding of the capacities already at hand to meet needs.

36. In pursuing effective humanitarian action, the perspective of each actor also has to be considered. Some prioritize building trust, relationships and capacity to prepare for and respond to disasters, while many focus on aspects of delivery, such as efficiency, coverage, timeliness and relevance. For others, effectiveness means improved flexibility and the capacity to align services with needs, requiring greater efforts to understand the needs and capacities of affected communities. It will be necessary to anticipate how emerging trends and challenges, such as technology, the increased number and capacities of middle-income countries and the number of new partners, will change the way needs are met.

37. Despite the varying perspectives, common ideas are emerging as to what effective responses require. First, there is a critical need to maximize resources and expertise by connecting more predictably the many actors and systems involved in humanitarian response. The consequences of not linking those emerging capacities include the likelihood of a fragmented response and missed opportunities to strengthen humanitarian action in a more sustainable manner.

38. Second, the aim of international humanitarian actors should be to complement, not substitute, national actors. While in many crises, international humanitarian actors will still play a critical role in providing assistance and protection measures to people in need, Member States are increasingly requesting more technical support, expertise, standards and best practices from United Nations agencies to support, validate or strengthen their own efforts. Given the particular needs in a given context, the role of international humanitarian actors may contract or expand in relation to the needs of Governments and the capacities of non-governmental national actors, including the private sector. In some situations, that may involve a call for system-wide scale-up triggered by the level 3 designation. In other cases, the international humanitarian system may play a different or more limited role, acting as a broker to connect various partners, as a service provider for the Government, supporting coordination, or supporting the development of a national response capacity. The goal should be to build capacity at the most local level possible, thereby lessening the need for large-scale international responses in the future.

39. Third, the goals that are shared among international humanitarian actors must include a clear exit strategy, with clear benchmarks to signal the phase-out of humanitarian operations. Such benchmarks should be part of the joint planning with national actors and those outside the humanitarian community, to ensure that the different actors work together to achieve a shared set of objectives, with each contributing according to their role and capacities. That implies a longer-term, outcome-oriented approach that responds to real time frames and the fluidity of needs, including better linkages with development, peacebuilding and climate change agendas.

B. Humanitarian financing

40. While it is clear that full and predictable funding for humanitarian appeals remains essential, it is also clear that the humanitarian financing architecture must evolve to remain effective. The approach must address the problem not just by increasing humanitarian funding, but by taking measures to improve the efficiency of humanitarian response, prioritizing available resources for the most urgent needs and strengthening links to development financing mechanisms to build the resilience of vulnerable populations before, during and after crises.

41. To that end, it is necessary for humanitarian and development actors to work together to transition responsibilities at an early stage, to ensure that humanitarian funds are retained for other emergencies. Under the workplan of the Inter-Agency Standing Committee task team on humanitarian financing, the Catholic Agency for Overseas Development, World Vision and the Food and Agriculture Organization of the United Nations (FAO), with financial support from FAO and Germany, launched the future humanitarian financing dialogues in 2014. The solution is not only to attract more funding and to improve the ways humanitarian partners spend those funds, but to develop new norms, whereby other actors commit to taking on responsibilities for underlying risks and long-term chronic needs.

42. Funding needs to be more flexible to allow for a complementary approach in addressing immediate needs, protracted crises and the underlying causes of crises. To implement the change that is required, the current humanitarian planning cycles, which are one year in length, are beginning to move to longer planning periods. In 2015, for example, 10 of the 33 appeals include multi-year plans. Donors should be encouraged to commit to flexible funding for multi-year appeals and bridge the divide between humanitarian and development financing.

43. To make recommendations for bringing about necessary change, the Secretary-General has decided to appoint a high-level panel on humanitarian financing, with the aim of engaging with the discussions on the post-2015 financing for development and informing the World Humanitarian Summit to be held in May 2016. While building on the findings of various stakeholders, the panel is expected to produce recommendations based around three questions — How can the growing gap be narrowed by mobilizing more from both Member States, and through innovative funding mechanisms? How can the predictability of funding be increased? And how can the humanitarian system use the resources available for the greatest impact?

C. Risk management approach

44. Managing the risk of humanitarian challenges and taking action before they become large-scale crises must be a priority for all actors. Of the 50 countries at the highest risk of undergoing crises, according to the Index for Risk Management, 38 have made an inter-agency humanitarian appeal in the last 10 years. A risk-based approach is needed to save more lives today and avoid crises tomorrow, while reducing costs, especially in protracted crises. Two major systemic changes are needed for a shift towards a risk management approach to crises.

45. First, it is imperative for humanitarian responses to be planned over a multi-year framework of at least three to five years and linked with development planning processes that go beyond the cycles of the United Nations Development Assistance Frameworks, while integrating all key development stakeholders, including Governments, regional organizations and international financial institutions. Current multi-year humanitarian strategic plans must gradually evolve from multiple single years to truly transformative multi-year action. Based on a joint understanding of the risk landscape, multi-year plans should include dynamic benchmarks that are linked to context-specific milestones and clear objectives that allow for a progressive transition from humanitarian response to local, national and development partners, while building their capacity to manage risks at various levels. Such an approach will better reflect the length of many crises, while also ensuring that humanitarian actors, in synergy with development actors, can make more concerted efforts towards sustainable solutions.

46. Second, the short term nature of humanitarian financing is a major barrier for undertaking effective risk-informed multi-year humanitarian planning. Raising money on a yearly basis for crises that are protracted is not cost-effective and does not allow humanitarian agencies to benefit from the potential efficiencies to be gained from multi-year planning. Resource mobilization over a multi-year framework that is also aligned with development funding mechanisms and financing for climate change adaptation should therefore be prioritized.

47. To achieve that, it is necessary to improve existing risk management tools for humanitarian programming, which are currently more oriented towards meeting immediate humanitarian needs. That will include building greater complementarity between common assessments, based on a shared understanding of risk, such as the humanitarian needs overview and the common country assessments. The Inter-Agency Standing Committee emergency response preparedness approach is also an important tool for identifying risk in the preparedness phase, while the common framework for preparedness has been agreed with the United Nations Development Group and the Inter-Agency Secretariat of the International Strategy for Disaster Reduction to achieve more synergy between humanitarian and development action.

48. Risk management tools should allow for better use of baseline information and risk analysis, including analysis of the underlying causes of crises and the different risk exposures of affected populations, such as gender inequality, exclusion and vulnerabilities. In that regard, the further development of established tools, such as the Index for Risk Management, to include more data disaggregated by sex and age and region- and country-specific criteria is a welcome development. In order to take effective risk mitigation measures prior to a crisis, humanitarian and development

actors need to use risk indicators to push for action before, during and after crises, including as outlined in the Sendai Declaration and Framework for Disaster Risk Reduction 2015-2030. Early action should prioritize response options, promoting early recovery approaches, especially in protracted and cyclical crises. In that way, multi-year action will effectively promote greater complementarity between humanitarian and development actors and resilience building.

IV. Serving the needs of people in conflict

49. In armed conflicts around the world, the fundamental tenets of international humanitarian law continue to be undermined at every turn. Parties to conflicts deliberately or recklessly kill hundreds of civilians every day, often with impunity. Far from being collateral damage, civilian death or suffering is often the very purpose of attacks, sieges and denial of aid. Explosive weapons are regularly used in densely populated areas, in the full knowledge that they will inevitably kill, injure or displace large numbers of civilians and destroy homes and infrastructure. Direct attacks on civilian infrastructure, including schools and hospitals, once taboo, have become a method of warfare. Parties to conflicts repeatedly and often arbitrarily obstruct or deny humanitarian access to people in need. Attacks against humanitarian and health-care workers and facilities have reached record levels. Overall, violence and other forms of persecution force an average of 23,000 people per day to flee their homes. The number of people experiencing displacement as a result of conflict exceeds 50 million, which is an unprecedented number since the Second World War. In that context, humanitarian organizations find it difficult to undertake their work. Improving compliance with international humanitarian law and promoting accountability for violations are urgently needed to better protect civilians from the devastating effects of armed conflicts.

A. Humanitarian access

50. Millions of people across a range of conflicts remain without adequate access to assistance, owing to the hostilities, to insecurity and to the obstacles put in place by the parties to those conflicts. Humanitarian access to people in need is a prerequisite for effective humanitarian action, including needs assessments, protection and the provision of assistance. Every time humanitarian convoys are unnecessarily delayed or prevented from reaching their destination, consent for relief operations is arbitrarily withheld, or aid is destroyed and warehouses looted, hundreds of thousands of people are deprived of urgently needed food, water, medicine or shelter. As in previous years, in the period covered by the present report, some Governments have used cumbersome administrative procedures to restrict the movement of humanitarian convoys and the delivery of essential items. Parties to conflicts have the primary responsibility for the protection and well-being of populations under their control. They should be held accountable when they fail to uphold their responsibilities. Impartial humanitarian organizations must be allowed to carry out relief operations when the needs of the population are not met.

51. While the consent of affected States is required before relief operations may be undertaken, such consent may not be arbitrarily withheld. The affected State does not have unfettered discretion to withhold consent to impartial humanitarian

operations. It is increasingly recognized that the arbitrary withholding of consent to relief operations is a violation of international law that gives rise to international responsibility for the State withholding consent. All Member States have an important role to play in promoting compliance by State and non-State actors with the rules regulating the provision of humanitarian assistance and ensuring that there is accountability when those rules are violated.

52. Once relief actions have been agreed to by affected States, the relevant parties must allow and facilitate the rapid and unimpeded passage of relief consignments, equipment and personnel. Administrative procedures and other formalities must not prevent the timely delivery of humanitarian assistance in a principled manner and should be simplified and expedited.

53. For humanitarian actors to be able to reach people in need, it is essential that their activities be exclusively humanitarian in nature and comply with the principles of humanity, neutrality, impartiality and independence, and be perceived as doing so. When parties to a conflict, or other stakeholders, blur the lines between humanitarian assistance and political objectives, that can impair lifesaving humanitarian operations and impact negatively on how humanitarian actors are perceived and their ability to protect, reach and provide assistance and services to people in need.

B. Safety and security

54. Preliminary records from the Aid Worker Security Database show that 270 aid workers were killed, kidnapped or seriously wounded in 2014. The largest proportion of aid workers killed (67 out of 105) were victims of targeted attacks or crossfire while delivering assistance. Improvised explosive devices and complex attacks accounted for 20 per cent of aid workers killed. Ninety per cent of the victims (244 out of 270) were national staff, who account for the majority of humanitarian workers.[6] Those estimates mark a significant improvement compared with 2013 (155 aid workers killed). However, the overall situation remains highly unsatisfactory, with repeated attacks against humanitarian and health-care personnel across conflicts.

55. Violence against humanitarian workers and health-care personnel can have a devastating impact as it disrupts the provision of assistance and essential services. In the most serious cases, it can oblige humanitarian organizations to close health facilities or suspend the delivery of assistance. In 2014, the deliberate denial of impartial health-care services to sick and wounded combatants and civilians was also observed and medical items were removed from aid shipments. Attacks directed at health-care personnel, facilities, transport, equipment and other services exclusively engaged in medical duties constitute serious violations of international humanitarian law and, potentially, war crimes. Parties to conflicts must be held accountable for attacks against humanitarian and health-care personnel.

[6] As at 23 March 2015, the figures for 2014 had not been finalized.

C. Explosive weapons in populated areas

56. The use of explosive weapons in populated areas remains a serious challenge for the protection of civilians. In 2014, when explosive weapons were used in populated areas, 92 per cent of the casualties were civilians.[7] The use of explosive weapons is often a primary cause of civilian deaths, injuries and displacement. It also has a severe long-term humanitarian and development impact. People injured by explosive weapons require emergency and specialist medical treatment that often does not exist, in part because hospitals and clinics may have been damaged or destroyed by explosive weapons. Schools are also damaged or destroyed, as well as commercial property and the means of production, thus devastating livelihoods. Explosive remnants of war pose a threat until they are safely removed. The impact on post-conflict reconstruction requirements and costs is dramatic.

57. International humanitarian law contains important provisions for the protection of civilians in armed conflict, including from the effects of explosive weapons. While it does not prohibit the use of explosive weapons per se, in many cases the use of explosive weapons in densely populated areas constitutes unlawful conduct because of their indiscriminate impact. The use of barrel bombs, cluster munitions or explosives with wide-area effects in populated areas will be likely to kill large numbers of civilians and destroy homes and infrastructure, often in direct violation of the fundamental principles of distinction and proportionality, yet seems to be accepted as a normal method of warfare. Putting a stop to such unacceptable practices is a collective responsibility. Strict compliance with international humanitarian law by all parties to conflicts would significantly contribute to protecting civilians from the effects of explosive weapons.

58. The development of policy standards that limit the use of explosive weapons in populated areas would provide much-needed protection to civilians. The United Nations is working with Member States and civil society partners to promote the adoption of a political commitment that recognizes the humanitarian impact of explosive weapons in populated areas and seeks to constrain their use. In November 2013, the Secretary-General addressed a note verbale to all Member States requesting that they provide relevant information to the Office for the Coordination of Humanitarian Affairs pertaining to their practices and policies regarding the protection of civilians. Member States are encouraged to provide such information.

D. Internal displacement

59. Of particular concern is the number of conflict-induced internally displaced persons, which reached a record level at the end of 2013, with 33 million persons internally displaced, the majority of whom were women and children. The average length of conflict-induced internal displacement is 17 years, during which time many internally displaced persons have limited access to basic services, struggle to find livelihoods and are at increased risk of discrimination and exploitation, while displaced children have limited access to education. Displacement increases risks and vulnerabilities, such as gender-based violence, particularly for women and girls. The risk of disaster-induced displacement is estimated to have doubled in the past

[7] Figures provided by Action on Armed Violence, based on a preliminary assessment of a consolidated data set of incidents of explosive violence recorded during 2014.

40 years and is expected to further increase as demographic and socioeconomic pressures and environmental change continue to create conditions of vulnerability.

60. Despite some progress to improve the coordination and effectiveness of the humanitarian response in support of internally displaced persons, important gaps remain. The Brookings Institution study entitled "Ten years after humanitarian reform: how have internally displaced persons fared?", released in 2014 with the support of UNHCR, the Office for the Coordination of Humanitarian Affairs and Switzerland, highlighted the challenges and achievements to date, including the importance of strong, sustained political leadership, with investment at senior levels, and the effective involvement of development actors to address the needs of internally displaced persons. For example, Côte d'Ivoire, Kyrgyzstan and Mali have developed strategies for internally displaced persons and returning refugees. Those are good examples of cooperation between development and humanitarian actors which should be repeated where feasible.

61. The sustainable development goals will offer a once-in-a-generation opportunity to effectively address protracted displacement. To that end, the plight of millions of internally displaced persons and refugees around the world should be reflected in the framework, as well as their right to live in safety and dignity, with access to essential services, education and legal documentation, and to return safely to their homes or integrate into new communities.

E. Gender-based violence

62. Gender-based violence remains a core protection concern in situations of conflict, disaster and displacement. In 2014, sexual violence, including rape, slavery and forced marriage, against adolescent girls continued to be a disturbing pattern. Other concerns include the use of sexual violence as a form of persecution to forcibly displace populations. Sexual violence in the context of rising violent extremism was also reported.

63. The newly revised Inter-Agency Standing Committee Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action specifically detail minimum interventions for prevention and response to sexual violence. Critical, field-driven programmes, such as the information management system on gender-based violence, are essential for ensuring a robust response to meet overwhelming need. Also essential are political will and collective and decisive recognition at the highest levels that addressing gender-based violence in a humanitarian crisis is central to an effective humanitarian response and to promoting resilience and recovery. Increased support and funding for programming to address gender-based violence are urgently required.

F. Adverse humanitarian consequences of counter-terrorism measures

64. During the past decade, the Security Council and many Member States have adopted or expanded counter-terrorism measures. While efforts to fight terrorism are legitimate, they may at times have adverse humanitarian consequences. Continued dialogue between humanitarian organizations, the Governments concerned, donors and the counter-terrorism and sanctions committees of the Security Council is essential to limit the potential negative impact of some counter-terrorism measures.

Humanitarian actors, Member States and intergovernmental organizations should work together to ensure the inclusion of exemptions for humanitarian action in domestic and international legal regimes and policies relating to sanctions and counter-terrorism. It is equally crucial to ensure that the humanitarian perspective is included in the deliberations of leading entities on financial transactions, such as the Financial Action Task Force. In addition, there is a pressing need for the definition of acceptable parameters for counter-terrorism clauses in funding agreements. The dialogue on counter-terrorism measures should also touch on risk management and due diligence. Humanitarian actors should put in place, where possible and according to prevailing circumstances, the monitoring systems necessary to ensure that aid goes only to those who are in greatest need. As part of those efforts, humanitarian organizations and Member States should engage in a dialogue on risk mitigation, risk tolerance and risk sharing.

V. Progress in the coordination of humanitarian action

A. Humanitarian programme cycle

65. The humanitarian programme cycle is a coordinated series of actions undertaken to help prepare for, manage and deliver a more effective humanitarian response and better address the needs of affected people. In 2014, particular emphasis was placed on identifying lessons learnt and best practices to inform adjustments to guidance and tools. For example, the multicluster/sector initial rapid assessment framework has been updated, based on its application in the aftermath of typhoon Haiyan and other disasters over the past two years. The use of mobile data collection tools, such as KoBo, which proved useful in the response to the outbreak of the Ebola virus, is being expanded.

66. With regard to protection, one key objective is to strengthen the analysis of protection concerns and actions that can improve the protection of affected people in humanitarian response plans and across all sectors of the humanitarian response. Equal attention is being paid to mainstreaming protection into programme development and implementation by each sector. Under the auspices of the Global Protection Cluster, the Inter-Agency Standing Committee has launched an independent "whole system" review. The review, which will be completed in the first half of 2015, will offer recommendations on how the humanitarian system can improve the protection of people in need in humanitarian crises. Joint missions have been conducted, including to South Sudan, to help strengthen coordination at the field level through humanitarian country teams, inter-cluster/sector mechanisms and sector coordination.

67. In 2015, the humanitarian programme cycle will continue to be refined through embedding crisis risk analysis at the core of humanitarian strategic planning, including by linking regional and national versions of the Index for Risk Management to joint humanitarian and development programming. The Office for the Coordination of Humanitarian Affairs and the Development Operations Coordination Office will prepare and update joint guidance on aligning development and humanitarian planning cycles for delivering long-term resilience-enabling outcomes in protracted and cyclical crises. There will also be an increased focus on monitoring, with the monitoring component of the humanitarian programme cycle

being fully rolled out in 2015. That will improve accountability in delivery and ensure that necessary adjustments are made during the course of a response.

Understanding the different needs of affected people

68. Given the different needs, capacities, challenges and experiences of women, men, girls and boys, including adolescents and youth, persons with disabilities and older persons, the participation of all affected groups in decision-making and in the implementation of responses is essential to ensure that humanitarian programming is informed, appropriate and effective.

69. The communication needs of different segments of the population and the possible barriers to accessing information, should also be systematically assessed and taken into consideration in the planning of a response, so that humanitarian actors can provide information that will allow communities to access the help they need or prioritize their needs, contribute to the design of responses, make informed decisions and be effective leaders in their own recovery.

70. The practice of systematically collecting, analysing and using data disaggregated by sex and age to inform programming is critical, as is prioritizing gender and age analysis, especially in identifying the most vulnerable and reducing vulnerability to different forms of exploitation. A commitment to providing the necessary levels of financial and human resources required to deliver gender-responsive humanitarian action is critical.

71. In 2014, as part of the commitment of the Inter-Agency Standing Committee under the transformative agenda to improve accountability to affected people, the humanitarian community continued to take steps to establish frameworks and systems to engage different segments of the population in decision-making processes. That inclusive and participatory approach should be integral to all phases of the humanitarian programme cycle. However, challenges remain in understanding how best to equitably engage people affected by conflict, in particular the most at-risk groups, given the limitations imposed by the lack of humanitarian access and possible security implications.

72. In Inter-Agency Standing Committee operational peer reviews, the importance of establishing gender responsive frameworks on engaging and communicating with communities as a preparedness measure was noted, as were the difficulties of integrating that work in the midst of a level 3 emergency. One of the conclusions of the reviews was that all staff training and induction sessions should cover accountability to, and communications with, affected people, including measures to prevent sexual exploitation and abuse.

Gender equality and women's empowerment

73. Gender equality and women's empowerment in humanitarian action is central to efficient and effective preparedness and response. Existing gender inequalities deepen during emergencies and women and girls are likely to be disproportionately affected, as they are more exposed to gendered risks and vulnerabilities. For example, human trafficking can flourish in emergencies, exploiting the vulnerabilities of women and children. Recognizing and addressing the different and specific priorities of women, girls, boys and men of different ages, disabilities and disparities should be the fundamental basis that informs humanitarian action.

74. There is a need for better ways to hold all accountable to the commitments made in global, regional and national normative frameworks to ensure gender equality and women's empowerment in preparedness and humanitarian response. In 2014, the operational peer reviews of level 3 emergencies all highlighted the gaps in the translation into practical action of policies that ensured increased protection of vulnerable populations. Tools such as the Inter-Agency Standing Committee gender marker, which have been in use since 2009, should be adapted and utilized, and linked to the humanitarian programme cycle and monitoring systems, to enable results to be tracked. That will not only contribute to effectiveness, but also improve accountability and prioritization of the most vulnerable groups.

Sexual and reproductive health

75. Sixty per cent of preventable maternal deaths and 53 per cent of deaths of children aged under five take place in settings of conflict, displacement and natural disasters Without access to emergency obstetric services, many women die while pregnant or when giving birth and many more suffer long-term health consequences that are preventable. Many newborns do not survive even their first 24 hours of life. Under those circumstances and without access to sexual and reproductive health, maternal and infant mortality rates will rise. Reliable and secure access to lifesaving reproductive health services and commodities is essential, such as those necessary to protect women and adolescent girls from preventable death during complicated obstructed deliveries or from unintended pregnancies. It is essential that proper care, including emergency contraception, protection from sexually transmitted infections and HIV prophylaxis, be provided to all victims of sexual violence, including men and boys, ideally within 72 hours of the violence occurring. Programmes that engage boys and men in support of better sexual and reproductive health outcomes also have an important role to play. Meeting sexual and reproductive health needs is critical for the resilience and more rapid recovery of affected communities overall.

B. Information management

76. The coordination of emergency responses depends on the management and sharing of information for better analysis and decision-making. Reliable information and data is essential to inform all aspects of a response, including preparedness, planning and coordination, programme monitoring and financial tracking. Effectiveness in response to a crisis hinges on information management and in particular, on whether the latest advances in technology can be harnessed to provide information services to operational partners and evolving constituencies.

77. During the reporting period, the Office for the Coordination of Humanitarian Affairs began a multi-year workstream to develop new digital platforms and systems and modernize existing ones, to improve information services to the humanitarian community and support its humanitarian coordination work. Major areas of work include developing a contact management system for humanitarians in the field and upgrading its financial tracking service. Further, many United Nations humanitarian agencies and clusters have increased the quality and scope of their information management tools, such as the UNHCR data portal, a primary source of information for partners and donors working for the Syrian Arab Republic refugee response.

78. With advances in technology, the availability and volume of information in crisis situations has grown exponentially. For that information to be useful, it must be collected from a wide array of sources and transformed from raw data into information that decision makers can use quickly to help save lives. The humanitarian data exchange project, launched in 2014, will serve as a central location for humanitarian data from many organizations and countries in order to create efficiency and enhance decision making and public outreach. The platform was piloted in Colombia and Kenya in 2014 and was used in the Ebola response to present data on health-care facilities in a coherent manner.

C. Effective partnerships and complementarity

79. The humanitarian system aims to bring in more diverse political, technical and financial support for humanitarian action through proactive advocacy and strengthening relationships with all potential partners. In 2014, the multilateral system for humanitarian operations in Iraq and the Syrian Arab Republic and various humanitarian pooled funds saw a growth in the engagement of new and returning donors. In 2014 also, initiatives were undertaken to converge the common interests of all stakeholders for humanitarian operations in Chad, Iraq, Philippines, Somalia, South Sudan, the Syrian Arab Republic and Yemen, through pledging conferences, joint partnership missions, strategic dialogue and regional information platforms with diverse stakeholder participation.

80. The United Nations has continued to engage strongly with a number of regional organizations to strengthen humanitarian coordination, emergency preparedness and response actions. The adoption and ratification by member States of the African Union of the Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) shows the positive contributions that can be made by regional mechanisms in building normative frameworks which facilitate the protection of, and assistance to, the most vulnerable.

81. The United Nations also continues to connect with and strengthen complementarity among other actors involved in response efforts. For example, the recommendations set out in the 2014 report of the Overseas Development Institute, *Humanitarian Crises, Emergency Preparedness and Response: the Role of Business and the Private Sector*, were implemented, underlining the importance of strategic private sector engagement beyond the provision of material support. The deployment of private sector focal points for the responses to typhoon Haiyan and the Ebola outbreak facilitated consultations and meaningful support from the private sector.

82. National and local governments, national disaster management authorities, local civil society and faith-based organizations, donors, diaspora communities and regional actors, including foreign military forces, are just some of the other partners in humanitarian response, each providing their comparative advantage and adding concrete value. To make multipolar responses more effective, there need to be good interaction and better complementarity among actors around needs and expected outcomes, the predictability of capacities and resources and within an agreed response framework, in order to optimize and maximize collective responses to growing needs. While the traditional international humanitarian system will

continue to have a critical role in many major responses, there is a growing recognition of the need to connect the many actors and systems involved in humanitarian response more systematically and predictably.

D. Humanitarian action in urban areas

83. The concentration of people, resources and services in cities can increase the impacts of disasters, conflict and violence. Internally displaced persons, refugees and migrants are increasingly drawn to urban areas, seeking better services and livelihood opportunities, which can overstretch the absorption capacity of those cities, including essential services such as health, education, water and sanitation. Humanitarian action in urban areas requires the development of area-based approaches, in particular strong partnerships between municipal authorities, civil society organizations and humanitarian agencies. The specific risks and challenges of adapting humanitarian responses in urban areas should be considered when developing new tools and models. The multi-stakeholder engagement and multi-hazard disaster response plan for Government and civil society partners in Kenya or the deployment to the Syrian Arab Republic of senior urban advisors to guide the humanitarian response are good examples on which Member States and humanitarian organizations should build.

84. The new urban agenda, which is expected to emerge from the third United Nations Conference on Housing and Sustainable Urban Development (Habitat III) to be held in Quito in October 2016, presents a good opportunity to build urban resilience effectively, with a disaster risk reduction perspective, through better alignment of humanitarian and development programming and funding, and partnerships with local governments and the private sector.

E. "White Helmets"

85. The "White Helmets" initiative was endorsed by the General Assembly in resolution 49/139 B in 1994. Since then, the Assembly has regularly renewed its support for the initiative in resolutions 54/98, 56/102, 58/118, 61/220, 67/84 69/134. Volunteers or "White Helmets" act at the request of the affected country or within the framework of a call for international humanitarian assistance and support immediate response to disasters, as well as rehabilitation, reconstruction and development. They also promote risk prevention and management. Since the adoption of the initiative, they have participated in more than 262 international humanitarian assistance missions, many of them in coordination with the United Nations. With 20 years of experience in supporting and facilitating humanitarian assistance around the world, the initiative has become a useful tool in humanitarian action.

F. Strengthening human resource capacity

86. Effective humanitarian action requires the timely deployment of staff and assets. The United Nations continues to prioritize and strengthen the timely recruitment and deployment of skilled and experienced humanitarian staff, while remaining committed to the need for diversity in geographical representation and

gender balance. The Office of Human Resources Management is working with a number of other departments on diversity outreach activities and events in numerous countries. In addition, more diverse social media outlets, such as LinkedIn, Facebook, Twitter, Sina Weibo and Chinese LinkedIn, will be used to post vacancies to attract a greater diversity of candidates.

VI. World Humanitarian Summit

87. The World Humanitarian Summit will convene in Istanbul on 26 and 27 May 2016. The Summit is a historic opportunity to commit to an agenda for change, aimed at saving more lives, alleviating suffering and upholding human dignity in the face of conflicts and disasters.

88. Reflecting the multi-stakeholder nature of the Summit process, a total of eight regional consultations have been organized, each directed by a regional steering group comprised of key actors from the respective regions. Each regional consultation is preceded by months of extensive inputs from stakeholders, including people affected by conflicts and disasters and civil society groups, and discussions have been held online. The regional consultation events themselves have been dynamic forums, bringing together a diverse set of actors involved in humanitarian action, including Member States.

89. Four thematic teams, each composed of a geographically diverse set of experts, have been formed to synthesize and analyse outputs from the various consultations on the four broad themes of the Summit:

- Humanitarian effectiveness
- Reducing vulnerability and managing risk
- Transformation through innovation
- Serving the needs of people in conflict.

Many humanitarian organizations and other stakeholders are currently finalizing their inputs ahead of the deadline set for 31 July 2015. A number of key issues are emerging from the consultations to date: for example, placing a greater value on humanitarian action that puts the needs of affected people at the core of the response and giving them, particularly women, a stronger voice and choice through more demand-driven humanitarian action; reinforcing humanitarian action in conflict by confronting violations of international humanitarian law and finding innovative ways to ensure affected people have access to assistance and protection; maximizing the use of available local resources and networks in humanitarian action, both in terms of preparedness, response and resilience, particularly in protracted and recurrent crises; and securing more sustained and flexible humanitarian financing.

90. In addition to the remaining regional consultations, there are several remaining key milestones in the process: the humanitarian affairs segment of the Economic and Social Council, to be held in Geneva in June 2015, thematic consultations in September and the global consultation to be held in October 2015. Following those consultations, the Secretary-General will present his proposals in a summary report that sets out the priority areas for action and recommendations on how they should be taken forward.

VII. Recommendations

91. On the basis of the above, the Secretary-General recommends the following:

(a) Member States, non-State actors and humanitarian organizations should continue to promote greater respect for and adherence to the humanitarian principles of humanity, impartiality, neutrality and independence;

(b) Member States and, where applicable, non-State actors should adhere to their obligation to respect and protect humanitarian and health-care personnel, their transport and facilities;

(c) Member States and non-State actors should improve compliance with international humanitarian law and promote accountability for violations, and Member States, the United Nations and humanitarian organizations should condemn instances of such violations more consistently and systematically;

(d) Member States should ensure accountability for violations of international humanitarian law and human rights perpetrated by all parties in situations of armed conflict, including attacks against humanitarian and health-care personnel and facilities, and the wilful deprivation of items necessary for survival, by pursuing all domestic and international options;

(e) Member States, United Nations entities and civil society organizations should recognize the indiscriminate character of explosive weapons and their significant impact on civilians in populated areas, strengthen the political commitment to address the problem and develop practical measures based on existing good practice;

(f) Member States, United Nations actors and humanitarian organizations should continue to work together to ensure that people are protected from harm and their rights upheld before and during a crisis, including by understanding the different protection needs of different people, and ensuring that those needs are adequately integrated into preparedness, response and recovery efforts;

(g) Member States, the United Nations and humanitarian organizations should strengthen their efforts to ensure better protection and assistance of internally displaced persons and, in particular, address the long-term nature of displacement by adopting and implementing long-term strategies, based on national and regional frameworks in line with the Guiding Principles on Internal Displacement and capacitated national institutions. In that respect, Member States should support the ratification and implementation of the Kampala Convention and give close consideration to the Guiding Principles;

(h) Member States, the United Nations and humanitarian and development organizations should recognize the central role of national and local authorities and institutions in addressing the specific needs of internally displaced persons and refugees, and in finding solutions for displacement, and the role of the Emergency Relief Coordinator in ensuring improved coordination with those institutions and among humanitarian organizations;

(i) Member States should make further efforts to simplify and expedite procedures for the deployment of humanitarian personnel and goods;

(j) Member States, the United Nations and humanitarian organizations should provide the necessary human and financial resources to deliver programmes responsive to the different needs of affected people, including through the systematic collection, analysis and use of data disaggregated by age and sex;

(k) The United Nations and humanitarian and development organizations should actively engage people affected by crises, in particular those most at risk, including through communication, participation in relevant processes and supporting their own efforts and capacities to meet their different needs and address their vulnerabilities;

(l) Member States should strengthen their commitments to prevent, mitigate and prepare for humanitarian crises by, inter alia, integrating risk management into national development plans, supporting multi-year humanitarian planning and ensuring connectivity of those plans with longer-term development priorities;

(m) The United Nations and humanitarian organizations should further strengthen their efforts in supporting national Governments to map emergency preparedness and response capacities at country and regional levels, including those of Governments, civil society, the private sector and other relevant actors, in order to better facilitate the connectivity and complementarity of disaster response efforts between national and international capacities;

(n) Member States, the United Nations and humanitarian organizations should invest in developing and strengthening local and national humanitarian response capacities in order to complement, rather than substitute or displace, national capacities to respond to crises, especially where those crises are prolonged or recurrent.